

565/0

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | RH | | 4/5 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | KE | 1019 | 06-01-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | ✓ | ✓ | |
| 3 | ✓ | ✓ | |
| 4 | ✓ | ✓ | |
| 5 | ✓ | ✓ | |
| 6 | ✓ | ✓ | |
| 7 | ✓ | ✓ | |
| 8 | ✓ | ✓ | |
| 9 | ✓ | ✓ | |
| 10 | ✓ | ✓ | |
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| 14 | ✓ | ✓ | |
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| 16 | ✓ | ✓ | |
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| 18 | ✓ | ✓ | |
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| 46 | ✓ | ✓ | |
| 47 | ✓ | ✓ | |
| 48 | ✓ | ✓ | |
| 49 | ✓ | ✓ | |
| 50 | ✓ | ✓ | |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

614/01